



# *HOOSIER HEALTHWISE BRIEFING*

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## **HEDIS® 2003 Data Collection And Reporting Results**

### **1. Introduction**

Since 2001, the State of Indiana's Office of Medicaid Policy and Planning (OMPP) has required the Hoosier Healthwise managed care plans to collect and report Health Plan Employer Data and Information Set (HEDIS®) rates for select performance measures.<sup>1</sup> HEDIS® is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to help health care payers and consumers assess managed care organization performance. For example, using HEDIS® data, payers and consumers can identify managed care organizations with high childhood immunization rates or good access to primary care providers. Many state Medicaid agencies use HEDIS® to monitor the performance of their managed care organizations and programs. OMPP's objectives were to use HEDIS® data to:

- Continue to collect reliable HEDIS® baseline data for future comparisons
- Compare managed care entity performance to national performance levels
- Identify areas for improvement and develop quality improvement initiatives

Using HEDIS® data, OMPP is able to review Hoosier Healthwise program performance and continue to move towards a system that is based on health services delivery and outcomes.

Hoosier Healthwise managed care plans reported HEDIS® rates in 2003 based on data from calendar year 2002. Four Hoosier Healthwise managed care plans reported HEDIS® rates:

- Harmony Health Plan of Indiana (Harmony)
- MDwise
- Managed Health Services (MHS)
- PrimeStep (PCCM)

It is important to note that OMPP did not require the Hoosier Healthwise managed care plans to submit audited HEDIS® rates in 2003. Thus, OMPP cannot make any definitive conclusions regarding how the performance of Hoosier Healthwise managed care plans compares to the performance of Medicaid health plans that reported audited HEDIS® rates to NCQA. However, to increase the reliability and value of HEDIS® data, OMPP is requiring the Hoosier Healthwise managed care organizations<sup>2</sup> to contract for independent HEDIS® audits in 2004. In addition,

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<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup> NCQA does not have an audit protocol in place for HEDIS audits of Primary Care Case Management programs such as PrimeStep.

OMPP has implemented several other program enhancements during the past two years. Harmony, MDwise and Managed Health Services:

- Submitted monthly HEDIS<sup>®</sup> workplan updates that outline quality improvement initiatives and document progress toward improving patient outcomes
- Developed quality improvement initiatives in 2003 that are aimed at improving performance on key HEDIS<sup>®</sup> measures
- Gained access to State of Indiana's immunization registry (CHIRP) data in 2003 and will continue to do so in the future

This briefing document summarizes the second year of data collection and highlights new measures that the Hoosier Healthwise managed care plans will report in the future.

## 2. Methodology

In 2002, OMPP expanded the number of required HEDIS<sup>®</sup> measures from ten to 21. The Hoosier Healthwise managed care plans followed the HEDIS<sup>®</sup> 2003 Technical Specifications<sup>3</sup> to calculate and report rates. Each of the reported measures addresses a key health care issue of concern to the State (Exhibit 1).

OMPP combined the HEDIS<sup>®</sup> rates submitted by the Hoosier Healthwise managed care plans to calculate a weighted program average for each of the selected HEDIS<sup>®</sup> measures. OMPP then compared the weighted program average to the 2001 NCQA median rates for Medicaid managed care. This enabled OMPP to compare the Hoosier Healthwise weighted program average for each measure to the nationwide median rate of audited Medicaid managed care organizations.

The key findings from these comparisons are discussed below.

### **Exhibit 1: HEDIS 2003 Measures**

- Childhood Immunization Status
- Adolescent Immunization Status
- Comprehensive Diabetes Care
- Use of Appropriate Medications for People with Asthma
- Adults' Access to Preventive/Ambulatory Health Services
- Children's Access to Primary Care Practitioners
- Prenatal and Postpartum Care
- Annual Dental Visits
- Frequency of Ongoing Prenatal Care
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Year of Life
- Adolescent Well-Care Visits
- Frequency of Selected Procedures
- Inpatient Utilization – General Hospital/Acute Care
- Ambulatory Care
- Inpatient Utilization – Nonacute Care
- Discharge of Average Length of Stay – Maternity Care
- Cesarean Section Rate
- Vaginal Birth After Cesarean Section Rate (VBAC Rate)
- Births and Average Length of Stay, Newborns
- Outpatient Drug Utilization

<sup>3</sup> Volume 2, HEDIS 2003 Technical Specifications, National Committee for Quality Assurance, 2002

### 3. Summary of Key Findings

#### *A. Immunization Measures*

The immunization rates report the percentage of children and adolescents enrolled in Hoosier Healthwise during calendar year 2002 who received expected immunizations on a timely basis. Table 1 presents the percentage of Hoosier Healthwise children receiving recommended vaccinations in 2002.

| <b>Table 1. Percentage of Children and Adolescents Receiving Recommended Vaccinations in Calendar Year 2002</b> |   |  |                    |   |
|---|---|--|--------------------|---|
| <b>Type of Vaccine</b>  | <b>Expected Number and Type of Vaccinations</b>         | <b>Hoosier Healthwise Program Weighted Average</b> | <b>OMPP Target</b> | <b>NCQA 2001 Median (50<sup>th</sup> percentile for Medicaid)</b> |
| <b>Childhood Immunizations</b>  |   |  |                    |   |
| Combination #1  | 4DTP or DTaP, 3 OPV, 1 MMR, 2 HiB and 3 Hep B           | 6.1%   | 20.0%              | 60.7%   |
| Combination #2  | 4 DTP or DTaP, 3 OPV, 1 MMR, 2 HiB, 3 Hep B and 1 VZV   | 5.1%   | 15.0%              | 53.8%   |
| <b>Adolescent Immunizations</b>   |   |  |                    |   |
| Combination #1  | 2 <sup>nd</sup> MMR and 3 Hepatitis B                   | 2.5%   | 5.0%               | 33.6%   |
| Combination #2  | 2 <sup>nd</sup> MMR, 3 Hepatitis B and at least one VZV | 0.4%   | 5.0%               | 13.0%   |

As shown in Table 1, the Hoosier Healthwise weighted program averages are substantially below the NCQA 2001 median rates for all of the immunization rates. Many children and adolescents receive vaccinations through public health clinics. Often, the managed care entity is unaware of vaccinations received in these settings. As a result, the actual number of members receiving timely immunizations may be under-reported. In addition, vaccine shortages in 2002 affected immunization rates nationwide.

In 2002, the Indiana State Department of Health (ISDH) implemented a statewide immunization registry that aggregates immunization information in one database. The managed care plans will have access to the immunization data in 2004 and will be able to use the data to calculate their 2004 HEDIS<sup>®</sup> rates for calendar year 2003.

## ***B. Access to Care Measures***

The Access to Care measures examine members' access to primary and preventive care. High rates for these measures indicate that members are not having difficulty accessing care. Member access to primary and preventive care is critical to help providers detect and treat illnesses before serious health problems occur.

Tables 2 and 3 summarize the findings for the adults' and children's access to care measures.

| <b>Table 2. Percentage of Adults With an Ambulatory or Preventive Visit in Calendar Year 2002</b> |  |                                    |
|---|--|------------------------------------|
| <b>Age</b>  | <b>Hoosier Healthwise Program Weighted Average</b> | <b>NCQA 2001 Median (Medicaid)</b> |
| 20 to 44 Years  | 80.2   | 75.1%                              |
| 45-64 Years   | 87.4   | 82.9%                              |

| <b>Table 3. Percentage of Children With a Visit to a Primary Care Practitioner in Calendar Year 2002</b> |  |                                    |
|--|--|------------------------------------|
| <b>Age</b>   | <b>Hoosier Healthwise Program Weighted Average</b> | <b>NCQA 2001 Median (Medicaid)</b> |
| 12-24 months   | 89.6%  | 92.1%                              |
| 25 months to 6 years   | 76.2%  | 80.7%                              |
| 7-11 years   | 74.9%  | 80.9%                              |

Notably, the Hoosier Healthwise program average exceeded the NCQA median rate on both adult access to care measures. This means that adults in the Hoosier Healthwise program are able to access their physicians with more ease than members in 50 percent of the Medicaid health plans reporting HEDIS® data. The Hoosier Healthwise rates for the children's access to care measures were slightly below the NCQA 2001 median rates.

## ***C. Well-Child Visits In The First 15 Months Of Life Measure***

The well-child measures focus on medical services provided to children, with emphasis on preventive care. These measures examine whether Hoosier Healthwise children received regular screenings, immunizations and other primary care services. Table 4 indicates the percentage of Hoosier Healthwise children who received well-child visits in the first fifteen months of life. A higher number of visits is desirable for this measure.

**Table 4. Percentage of Children Who Received Well-Child Visits in Calendar Year 2002**

| Well-Child Visits  | Hoosier Healthwise Program Weighted Average | NCQA 2001 Median (Medicaid) |
|--------------------|---|-----------------------------|
| No Visits          | 10.6%                                       | 4.5%                        |
| One Visit          | 9.3%  | 4.3%                        |
| Two Visits         | 10.6%                                       | 6.9%                        |
| Three Visits       | 14.0%                                       | 9.6%                        |
| Four Visits        | 18.3%                                       | 14.4%                       |
| Five Visits        | 20.5%                                       | 18.1%                       |
| Six Or More Visits | 16.8%                                       | 35.7%                       |

The Hoosier Healthwise program has identified the need to increase these rates as a key priority and has implemented a well-child outreach initiative, aimed at parents and providers, which is designed to increase the percentage of children receiving well-child visits during their first 15 months of life. The goal of the initiative is to ensure that by calendar year 2005, at least half of all children in the Hoosier Healthwise program under the age of 15 months receive five or more well-child visits during the measurement year.

#### ***D. Well-Child Visits In The Third, Fourth, Fifth And Sixth Year Of Life Measure***

Like Early Prevention, Screening, Diagnosis and Treatment (EPSDT), the well-child measures focus on primary health benefits for children with emphasis on preventive care. These measures examine whether children in the Hoosier Healthwise program received regular screenings, immunizations and other primary care services.

As shown in Table 5, the Hoosier Healthwise program rate is presently below the NCQA 2001 national median rate for this measure.

**Table 5. Percentage of Children Who Received One or More Well-Child Visits in Calendar Year 2002**

| Well-Child Visits   | Hoosier Healthwise Program Weighted Average | NCQA 2001 Median (Medicaid) |
|---|---|-----------------------------|
| One or More Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> or 6 <sup>th</sup> Year of Life | 42.1%                                       | 57.1%                       |

#### ***E. Use Of Appropriate Medications For People With Asthma Measure***

The Use Of Appropriate Medications For People With Asthma measure reports the percentage of members with persistent asthma who received appropriate medications. Use of appropriate medications can decrease the number of asthma attacks, which in turn results in fewer emergency room visits and unnecessary hospitalizations. As shown in Table 6, Hoosier Healthwise exceeded the national median rate for two age cohorts in this measure. This is particularly notable since the managed care plans first reported the asthma measure in 2003 for

measurement year 2002, and has had little opportunity to implement quality improvement activities focused on improving these rates.

| <b>Table 6. Percentage of Members Receiving Appropriate Asthma Medications</b> |   |                                    |
|--|---|------------------------------------|
| <b>Age Range (Years)</b>   | <b>Hoosier Healthwise Program Average</b> | <b>NCQA 2001 Median (Medicaid)</b> |
| 5-9  | 56.6%                                     | 55.4%                              |
| 10-17  | 59.4%                                     | 58.8%                              |
| 18-56  | 56.1%                                     | 64.1%                              |
| 5-56   | 57.8%                                     | 60.8%                              |

#### 4. Conclusions

Because the Hoosier Healthwise HEDIS<sup>®</sup> 2003 data were not audited, OMPP cannot reliably compare them to NCQA's Medicaid median rates. However, the Hoosier Healthwise HEDIS<sup>®</sup> rates can serve as one potential indicator of performance. Using their HEDIS<sup>®</sup> data, Hoosier Healthwise managed care plans have identified opportunities for improvement and are striving to improve their performance by implementing a number of quality improvement activities.

Over the past two years, the managed care plans have developed a solid infrastructure for collecting and reporting HEDIS<sup>®</sup> data. With continued support from OMPP, the managed care plans will continue to improve their performance on key HEDIS<sup>®</sup> measures that are important to Hoosier Healthwise members. In addition, OMPP has identified new measures for 2004:<sup>4</sup>

- Chlamydia Screening In Women
- Cervical Cancer Screening
- Claims Timeliness
- Call Abandonment
- Call Answer Timeliness
- Appropriate Treatment Of Children With Upper Respiratory Infections

For more information about Hoosier Healthwise HEDIS<sup>®</sup> Data Collection and Reporting contact:

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<sup>4</sup> Claims Timeliness, Call Abandonment and Call Answer Timeliness are voluntary measures in 2004.